## **Entry Blank—Please Type or Print** ☐ Ms./Artist EDWARD A. RAFFEL Mr./Artist \_ Permanent Daytime Tel. (2/6) 241-3639 Temporary or SAME Studio Address Street City Daytime Tel. ( Zip If you do not presently live in one of the counties of the Western Reserve, in which county were you born? Collaborator (if any) If May Show entries are not accepted or are not sold: Artist will pick up at Museum. ☐ Museum should dispose of. ☐ Museum should ship to artist at artist's expense: Street City State Zip **Special Instructions** Entry Blank must be completed in full and signed; forms received unsigned will not be accepted. When necessary, include instructions or a drawing for assembling and displaying an object. Note carefully the dates for both delivery and return of objects. It is understood that the Museum shall dispose for its own account any objects not picked up by the dates given herein. It is also understood that accepted objects will remain on exhibition until August 6, 1989. The submission of objects will be construed as an acceptance by the artist of all terms and conditions printed herein. Signature

I have received the unsold/unaccepted object(s) in good condition.

Signature

## **Entry Blanks**

Detach entire portion along dotted line and submit with slides, but retain tags

Paintings C Sculpture				notography (specify category)	
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